


5/21/86

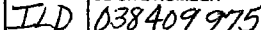
 L1610650013		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD 038409975	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) EXPORT Packing Company			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 1700 1st Street		
03 CITY Rock Island		04 STATE IL	05 ZIP CODE 61201	06 COUNTY Rock Island	07 COUNTY CODE 161
09 COORDINATES LATITUDE 41 25 28.0		LONGITUDE 090 34 50.0		Milan, IL-Iowa 7.5' Quad (68A)	
10 DIRECTIONS TO SITE (Starting from nearest public road)					
III. RESPONSIBLE PARTIES					
01 OWNER (If known) EXPORT Packing Co., Inc.			02 STREET (Business, mailing, residential) 5420 River Drive		
03 CITY Moline		04 STATE IL	05 ZIP CODE 61265	06 TELEPHONE NUMBER 309 7570310	
07 OPERATOR (If known and different from owner) EXPORT Packing Company			08 STREET (Business, mailing, residential) 1700 1st Street		
09 CITY Rock Island		10 STATE IL	11 ZIP CODE 61201	12 TELEPHONE NUMBER 309 7570310	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 08-25-83 <input type="checkbox"/> NO MONTH DAY YEAR 05-15-85		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION UNKNOWN Present BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Solvents / Toxic, Corrosive, Flammable					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION Groundwater (population/environment)					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT Dave Coopman		02 OF (Agency/Organization) Sales Manager		03 TELEPHONE NUMBER 309 793 4127	
04 PERSON RESPONSIBLE FOR ASSESSMENT Kenneth L. Page		05 AGENCY IEPA	06 ORGANIZATION RPMS	07 TELEPHONE NUMBER 217 7826761	08 DATE 09/16/86 MONTH DAY YEAR

EPA FORM 2070-12 (7-81)

EPA Region 5 Records Ctr.



323912





POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

ILD 038 409975

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 6000

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Disposing of 1-1-1 Trichloroethane Residues on site. Potential percolation of Solvents into groundwater.

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: on-site
(Acres)

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Residues of 1-1-1 Trichloroethane cleaner was Routinely being disposed of on-site.

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL 038409975

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☒ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☒ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Dave Coopman, Sales Manager for Export Packaging admitted that the company had illegally dumped spent 1-1-1 Trichloroethane and paint residues on their property.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 6,000

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

IEPA Division File - Land

EXECUTIVE SUMMARY

Export Packaging Company, ILD038409975, L1610650013, is a small quantity generator that uses 1,1,1-Trichloroethane to clean parts (farm implement parts). This process of cleaning parts is a cold cleaning process and the waste by-products are trichloroethane, oil, cutting fluids and dirt. Wastes are drummed and stored awaiting shipment.

On October 24, 1984, a letter was sent to Export Packaging from Larry Eastep, Manager of the Permit Section, DLPC, informing them that their closure plan to close the hazardous waste storage area was approved. The intent is to close the site as a hazardous waste storage facility, not to store 1,1,1-Trichloroethane in barrels for more than 90 days on site.

On July 26, 1982, Robert Wengrow, Regional Manager-Rockford Region requested Ms. Beverly Herzog of the State Geological Survey to conduct a hydrogeology study of the area around Export Packaging. Ms. Herzog came to the conclusion that most of the small quantity of material (spent trichloroethane) that had been dumped on the property should have evaporated and the small quantity made them (ISGS) believe there was little danger of contamination of nearby water supplies from the site and this could only be verified by installing a monitoring system.

Known dumping of solvent wastes outside the facility increased the potential for groundwater contamination. As suggested by ISGS, a groundwater monitoring system is needed to properly assess the impact, if any. A low priority is assigned and an inspection should be done.

KP:jp:4/1

